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**BOSE  
 McKINNEY  
 & EVANS LLP**

ATTORNEYS AT LAW

**Ryan O. White**  
 2700 First Indiana Plaza  
 135 North Pennsylvania Street  
 Indianapolis, IN 46204  
 Direct Dial: (317) 684-5451  
 Fax: (317) 223-5173  
 E-Mail: [white@boselaw.com](mailto:white@boselaw.com)

**FAX TRANSMITTAL SHEET****Date/Time:** June 1, 2006

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<u>USPTO</u>	<u>571-273-8300</u>

<b>User Number:</b>	<b>968</b>	<b>Client #:</b>	<b>8266</b>
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**PATENT APPLICATION**

Applicant: Menkedick, Douglas J. et al.  
 Serial No.: 10/657,696  
 Filing Date: September 8, 2003  
 Title: HOSPITAL BED  
 Group: 3673 Examiner: Santos, R.  
 Atty. Docket: 8266-0880

<b>Certificate Under 37 C.F.R. § 1.8(a)</b>	
I hereby certify that this correspondence is being transmitted to (571) 273-8300 at the United States Patent and Trademark Office at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
on	June 1, 2006
 Lisa Schodrowski	
Dated:	June 1, 2006

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a preliminary amendment and response in the above-identified application:

The fee has been calculated as shown below:

<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	Fee
TOTAL CLAIMS (37 C.F.R. 1.16(c))	49	50	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	6	7	0	\$200	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
<b>TOTAL FEE FOR ADDITIONAL CLAIMS</b>					<b>\$0</b>

\*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

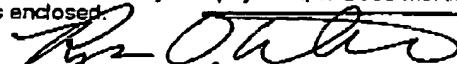
\*\*If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for \_\_\_\_\_ month(s) is hereby requested under  
 37 C.F.R. 1.136(a). The required fee for filing this extension is:  
 \_\_\_\_\_

**TOTAL FEE FOR THIS AMENDMENT****\$0.00**

A check in the amount of \$\_\_\_\_ to cover the total fee for this  
 amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

  
 Attorney of Record  
 Printed Name: Ryan O. White, Reg. No. 45,541

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2700 First Indiana Plaza  
135 North Pennsylvania Street  
Indianapolis, Indiana 46204  
(317) 684-5000

**PATENT APPLICATION*****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

<i>Group:</i>	3673	}
<i>Atty. Docket:</i>	8266-0880	}
<i>Applicants:</i>	Menkedick et al.	}
<i>Invention:</i>	HOSPITAL BED	}
<i>Serial No.:</i>	10/657,696	}
<i>Filed:</i>	September 8, 2003	}
<i>Examiner:</i>	Santos, Robert G.	}

**Certificate Under 37 C.F.R. § 1.8(a)**

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on June 1, 2006


Lisa Schodrowski

Dated: June 1, 2006**PRELIMINARY AMENDMENT AND RESPONSE TO  
RESTRICTION REQUIREMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Communication dated May 2, 2006, and prior to action on the merits, please amend the above-identified application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.